



TESTIMONY

Submitted by Coco Sellman, Founder & CEO
Allumé Home Care and Co-Owner of All Pointe Home Care

Appropriations Public Hearing on the Governor's Proposed FY 23 Budget Adjustments for Health & Human Services

February 23, 2022

H.B. No. 5037 (COMM) AN ACT ADJUSTING THE STATE BUDGET FOR THE BIENNIUM ENDING JUNE 30, 2023

To the Chairs, Vice Chairs, Ranking Members and distinguished members of the Appropriations Committee, my name is Coco Sellman, I am the Founder of Allumé Home Care and Co-Owner of All Pointe Home Care, a CT home health provider. I'd like to address HB 5037: An Act Adjusting the State Budget for the Biennium as it pertains to underfunding in home health services.

All Pointe Home Care is a CT-licensed and Medicare-accredited home health provider serving 70+ towns with in-home nursing, physical therapy, occupational therapy, speech therapy, social work, and home health aide services. We specialize in **in-home complex nursing care of technology-dependent, medically fragile** children and adults with tracheostomies, ventilators, g- and j-feeding tubes, and other intensive at-home medical interventions. We also specialize in pediatric home health services, including **pediatric behavioral health** and **pediatric diabetes care**.

I respectfully request three things for your consideration:

- 1. The Adult Complex Care in-home nursing Medicaid rate needs to be increased to be the same as the Pediatric Complex Care rate.**
 - a. The hourly adult rate is currently \$39.72 for an LPN (and \$46.95 for an RN) and needs to be increased to the same as the Pediatric Complex Care rate, which is \$50.06 per hour for an LPN (and \$59.17 for an RN). The level of care is the same for a child as it is an adult. This type of rate disparity is discriminative, and ultimately will not support ongoing care for a complex care patient who turns 19 years old and loses 21% of their funding.
 - b. Both of these rates need to be made permanent in the Medicaid budget, as they are currently only part of the 2-year ARPA plan.
- 2. Implement a 10.5% Medication Administration rate increase** to close gap of 2016 15% rate cut and to ensure the home health med admin patients receive the right care at the right cost in their homes.



3. **Implement a Medicaid rate for Home Health Social Work visits** (currently, there is no home health coverage for Social Work visits)

In-Home Complex Care Rates

Last year I testified urging an increase in complex care rates, citing the many challenges we have in home health competing for nurses. Dollars flowed into other healthcare settings. For example, last summer, the Governor approved a 10% Medicaid increases for skilled nursing facilities and group homes. Nurses were making double what we could pay them by giving COVID vaccinations or working in testing sites. Today, our workforce challenges continue as hospitals hire travel nurses at rates that triple and quadruple what we can pay.

ARPA funds have given us a temporary band aid for complex care nursing, but oddly, only to patients 18-years of age or younger. I have to believe this was an error or an inadvertent oversight??

Our patients often come to us from CCMC, Yale, or Hospital for Special Care as babies, but many of them live safe at home with around-the-clock nursing services we provide for years or even decades. A complex care child is able to stay out of institutional care and live a safe and thriving life into adulthood at home with their families.

The rates for adults (those over 18 years of age) needs to be increased to the same level (\$50.06/hr for an LPN and \$59.17/hr for an RN).

At All Pointe, ~35% of our complex care patients are adults. Almost all of them have grown into adulthood this way. Why should their funding go down by 21% when they turn nineteen?

Please increase the Adult Complex Care Medicaid rates for LPNs and RNs to be the same as for children, and do the right thing to make this a permanent part of the Medicaid budget.

Permanently increasing the in-home Complex Care Rates is absolutely essential if we want to continue to provide a safe at-home alternative to expensive institutional care (\$1000 per day at home versus \$9000 per day in an institution).

10.5% Increase in Medication Administration Rate

All Pointe is one of only a very few agencies (less than 3) in CT who provide pediatric home health services. In addition to complex care, around-the-clock nursing, we also provide more traditional intermittent visits.



An area of intermittent home health in which we specialize is **diabetic care to children**. This is a specialty that ultimately is provided to patients whose families are unable, for whatever reason, to independently provide the diabetic care themselves. The children who need this care provided by a nurse usually have behavioral health needs to their care and/or the family or environment is not suited for the consistent care needed to keep a child from being at serious risk.

Pediatric diabetic care is incredibly important to keeping children from serious diabetic issues that could lead them to the ER or worse.

Without increased funding for medication administration, providing this important service may become unviable.

It is important for the members of the Appropriations Committee to understand the connection between the increased mental health crisis with the decreased in-home Medication Administration rate.

In-Home Social Work Visits Need Reimbursement

Here we are in the middle of a mental health crisis. And I just explained the complexity of caring for diabetic patients with behavioral health concerns. Consider additionally the magnitude of complexity of a family trying to provide care to their extremely medically complex loved one for years on end. These families are often divorced, unable to work due, and often having b

All of these point to the same necessary service: in-home social work.

A social worker can help a home health team of nurses and therapists to bridge the many challenges of delivering care in the community. A skilled social worker can bring together other skills and resources needed to support such challenging situations.

When you consider that home health providers are often required to provide this necessary service and that it is not reimbursed by Medicaid, how can we possibly expect home health to do its best work? How can we be expected to keep patients out of more expensive institutional care when we have one arm tied behind our backs?

Thank you for the opportunity to provide testimony. Feel free to contact me with any questions.

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